

Foster Family Home - Deficiency Report

Provider ID: 1-210065

Home Name: Faye L. Calip, CNA

Review ID: 1-210065-1

94-144 Kaaholo Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/20/2021

Foster Family Home


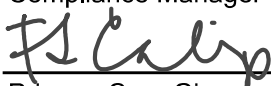
Required Certificate

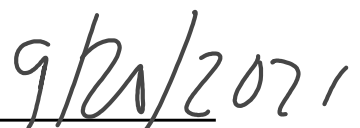
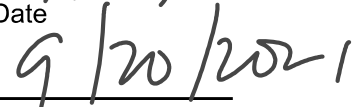
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.


Compliance Manager

Primary Care Giver


Date 9/20/2021

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